

SKYLINE HOSPITAL
POLICY & PROCEDURES

DEPARTMENT: Patient Account

Date: 12-1-2000

SUBJECT: FINANCIAL ASSISTANCE

Original: 5-1-1991
Reviewed: 11-28-2000
 07-01-2003
Revised: 2-28-2008
 1-29-2009

The poverty guidelines will be adjusted each year, which are listed in this policy & procedure.

SKYLINE HOSPITAL is committed to the provision of health care services to all persons in need of medically necessary care regardless of ability to pay. In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of financial assistance and charity care, consistent with the requirements of the Washington Administrative Code (WAC), Chapter 246-453, are established. These criteria will assist staff in making consistent objective decisions regarding eligibility for financial assistance and charity care while ensuring the maintenance of a sound financial base.

Purpose: To comply with the Department of Health and the Washington State Hospital Association guidelines on procedures and criteria for identifying charity care patients.

"FINANCIAL ASSISTANCE", formerly known as charity care means necessary hospital health care rendered to **indigent** persons, as defined in this section, to the extent that these persons are unable to pay for the care or to pay the deductibles or coinsurance amounts required by a third-party payer, as determined by the department.

"Indigent" means lacking the means to live; poor or needy.

The Washington State Hospital Association states in their manual:

Financial Assistance Criteria

The language of Article 8, Section 7 prohibits gifts of public money except for certain things, including **"necessary support of the poor and infirm"**. Washington charity care statutes and regulations clearly define hospital financial assistance as applying to the rendering of necessary health care services to the uninsured, **poverty population**.

Financial Assistance and charity care shall be limited to "appropriate hospital-based medical services" as defined in WAC 246-453-010(7). Skyline Hospital may choose to provide financial assistance and charity care for additional types of medical services, if deemed to cause catastrophic circumstances to a customer.

Patients will be granted financial assistance and charity care regardless of race, creed, color, national origin, sex, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a disabled person.

Financial assistance and charity care for "non-emergent" services shall be limited to those residing within Skyline Hospital's designated service area.

ELIGIBILITY CRITERIA

Financial Assistance is generally secondary to ALL other financial resources available to the patient, including:

Group Plans

Individual medical plans

Worker's Compensation

Medicare

Medicaid

Medical Assistance Programs

Federal

Military

Third-Party Liability

Any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.

In those situations where appropriate primary payment sources are not available, patients shall be considered for charity care under this hospital policy based on the following criteria as calculated for the 12 months prior to the time of service.

From the Federal Register dated January 23, 2009 are the 2009 Federal Poverty Guidelines for all states except Alaska and Hawaii and The District of Columbia:

Size of Family	Poverty Guideline
1.....	\$ 10,830
2.....	14,570
3.....	18,310
4	22,050
5	25,790
6	29,530
7	33,270
8	37,010

For family units with more than 8 members, add \$3,740 r each additional member.

These guidelines go into effect on the day they are published, January 23, 2009 with the exception of Hill Burton hospitals, which are effective sixty days from the date of publication.

The poverty guidelines will be revised on a yearly basis, from the information given by the Federal Register.

SLIDING FEE SCHEDULE

- A. A service area resident whose family income is between one hundred and three hundred percent of the federal poverty standard, adjusted for family size, shall have his/her hospital services that are not covered by public or private sponsorship reduced according to the schedule below. The resulting responsibility may be adjusted by appropriate hospital personnel, after taking into consideration the individual financial obligation, which remains after the application. The amount owing, based on this sliding fee schedule may be payable in monthly installments, over a reasonable period of time.

INCOME AS A PERCENTAGE OF FEDERAL POVERTY LEVEL

100%
120%
140%
160%
180%
200%
220%
260%
280%
300%

PERCENTAGE DISCOUNT

100%
90%
80%
70%
60%
50%
40%
25%
20%
15%

ELIGIBILITY DETERMINATION

Identification of Potential Financial Assistance to Patients:

1. During the Patient Registration process, Skyline Hospital will make an initial determination of eligibility based on verbal or written application for charity care. Our primary focus will be for the hospital service area residents, which includes portions of Klickitat and Skamania Counties. These residents only may apply. Pending the final eligibility determination, Skyline Hospital will not initiate collection efforts, provided that the responsible party is cooperative with the hospital's efforts to reach a determination of sponsorship status, including return of applications and documentation necessary to make this determination within **fourteen (14) days of receipt** of the application.

The hospital shall use an application process for determining initial interest in and qualification for charity care. Should patients not choose to apply for charity care, they shall not be considered for charity care, unless other circumstances or intent become known to Skyline Hospital.

2. Financial Assistance screening forms and Credit applications shall be furnished to patients when financial assistance is requested. When the need is indicated, or when financial screening indicates potential need, ALL applications, whether initiated by the patient or the hospital shall be accompanied by documentation to verify income amounts indicated on the application form. One or more of the following types of documentation may be acceptable for purposes of verifying income:
 - a) W-2 statement for all employment during the previous tax year.
 - b) Payroll check stubs for 12 months prior to the time of service.
 - c) Tax Return form for the most recent filed calendar year.
 - d) Forms approving or denying eligibility for Medicaid and/or Washington State funded Medical Assistance Program.
 - e) Forms approving or denying Unemployment Compensation Benefits.
 - f) Bank Statements to verify income.

Skyline Hospital shall make every reasonable effort to determine the existence of private or public sponsorship which might cover, in full or in part, the charges for the care rendered by the hospital to a patient; the family income of the patient as classified under federal poverty income guidelines; and the eligibility of the patient for financial assistance as defined in RCW 70.170.060 and accordance to our policy.

3. Time Frame: Skyline Hospital shall provide final determination within Fourteen (14) days of receipt of all application and documentation material.
4. Denials: Denials will be written and include instructions for appeal or reconsideration as follows:
 - a) The Patient or Guarantor may appeal the determination of eligibility for financial assistance by providing additional verification of income or family size to the Credit and Collection Representative within Fourteen (14) days receipt of notification of denial. The Controller of Fiscal Services will review all appeals. If this determination affirms the previous denial of charity care, written notification will be sent to the patient/guarantor and the Department of Health, in accordance with Washington State Law.

DOCUMENTATION AND RECORDS

CONFIDENTIALITY

All information relating to the application will be kept in strict confidence. Copies of documents that support the application will be kept with the application form.

Documents pertaining to financial assistance shall be retained for Seven (7) years.